

PSYCHIATRIC REVIEW TECHNIQUE

Name

SSN

Assessment for: Current Evaluation 12 Mo. After Onset
Date Last Insured: Other: to

Reviewer's Signature

Date

PRIVACY ACT NOTICE: The information requested on this form is authorized by section 223 and section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Completion of this form is mandatory in disability claims involving mental impairments. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and another agency.

I. MEDICAL SUMMARY

A. Medical Dispositions(s):

1. ☐ No Medically Determinable Impairment
2. ☐ Impairment(s) Not Severe
3. ☐ Meets Listing (Cite Listing and subsection)
4. ☐ Equals Listing (Cite Listing and subsection)
5. ☐ Impairment Severe But Not Expected to Last 12 Months
6. ☐ RFC Assessment Necessary (i.e., a severe impairment is present which does not meet or equal a listed impairment)
7. ☐ Referral to Another Medical Specialty (necessary when there is a coexisting nonmental impairment) (Except for OHA reviewers)
8. ☐ Insufficient Medical Specialty (i.e., a programmatic documentation deficiency is present) (Except for OHA reviewers)

B. Category(ies) Upon Which the Medical Disposition(s) is Based:

1. ☐ 12.02 Organic Mental Disorders
2. ☐ 12.03 Schizophrenic, Paranoid and other Psychotic Disorders
3. ☐ 12.04 Affective Disorder
4. ☐ 12.05 Mental Retardation and Autism
5. ☐ 12.06 Anxiety Related Disorders
6. ☐ 12.07 Somatoform Disorders
7. ☐ 12.08 Personality Disorders
8. ☐ 12.09 Substance Addiction Disorders

II. **REVIEWER'S NOTES** (Except OHA reviewers, OHA reviewer's should record the subject information in the body and findings of their decision.): A. Record below the pertinent signs, symptoms, findings, functional limitations, and the effects of treatment contained in the case. B. Remarks (any information the reviewer may wish to communicate which is not covered elsewhere in the form, e.g., duration situations).

III. DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER (COMMENT ON EACH BROAD CATEGORY OF DISORDER.)

A. 12.02 Organic Mental Disorders

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Psychological or behavioral abnormalities associated with a dysfunction of the brain....as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

- | | | | | |
|----|--------------------------|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disorientation to time and place |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Memory impairment |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perceptual or thinking disturbances |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Change in personality |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disturbance in mood |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emotional lability and impairment in impulse control |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loss of measured intellectual ability of at least 15 I.Q. points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

B. 12.03 Schizophrenic, Paranoid and other Psychotic Disorders

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Psychotic features and deterioration that are persistent (continuous or intermittent), as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

- | | | | | |
|----|--------------------------|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delusions or hallucinations |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Catatonic or other grossly disorganized behavior |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incoherence, loosening of associations, illogical thinking or poverty of content of speech if associated with one of the following: |

-
- a. ☐ Blunt affect, or
b. ☐ Flat affect, or
c. ☐ Inappropriate affect
4. ☐ ☐ ☐ Emotional withdrawal and/or isolation
5. ☐ ☐ ☐ Other _____
-

C. 12.04 Affective Disorders

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Disturbance of mood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☐ ☐ ☐ Depressive syndrome characterized by at least four of the following:
- a. ☐ Anhedonia or pervasive loss of interest in almost all activities, or
 - b. ☐ Appetite disturbance with change in weight, or
 - c. ☐ Sleep disturbance, or
 - d. ☐ Psychomotor agitation or retardation, or
 - e. ☐ Decreased energy, or
 - f. ☐ Feelings of guilt or worthlessness, or
 - g. ☐ Difficulty concentrating or thinking, or
 - h. ☐ Thoughts of suicide, or
 - i. ☐ Hallucinations, delusions or paranoid thinking
2. ☐ ☐ ☐ Manic syndrome characterized by at least three of the following:
- a. ☐ Hyperactivity, or
 - b. ☐ Pressures of speech, or
 - c. ☐ Flight of ideas, or
 - d. ☐ Inflated self-esteem, or
 - e. ☐ Decreased need for sleep, or
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- f. ☐ Easy distractibility, or
- g. ☐ Involvement in activities that have a high probability of painful consequences which are not recognized, or
- h. ☐ Hallucinations, delusions or paranoid thinking
3. ☐ ☐ ☐ Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)
4. ☐ ☐ ☐ Other _____

D. 12.05 Mental Retardation and Autism

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Significantly subaverage general intellectual functioning with deficits in adaptive behavior initially manifested during the developmental period (before age 22), or pervasive developmental disorder characterized by social and significant communicative deficits originating in the developmental period, as evidence by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☐ ☐ ☐ Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing or bathing) and inability to follow directions, such that the use of standardized measures of intellectual functioning is precluded.*
2. ☐ ☐ ☐ A valid verbal, performance, or full scale I.Q. of 59 or less*.
3. ☐ ☐ ☐ A valid verbal, performance, or full scale I.Q. of 60 to 69 inclusive and a physical or other mental impairment imposing additional and significant work-related limitation of function*.
4. ☐ ☐ ☐ A valid verbal, performance, or full scale I.Q. of 60 to 69 inclusive or in the case of autism, gross deficits of social and communicative skills*.
5. ☐ ☐ ☐ Other _____

*NOTE: Items 1, 2, 3 and 4 correspond to Listings 12.05A, 12.05B, 12.05C and 12.05D, respectively.

E. 12.06 Anxiety Related Disorders

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☐ ☐ ☐ Generalized persistent anxiety accompanied by three of the following:
- a. ☐ Motor tension, or
 - b. ☐ Autonomic, hyperactivity, or
 - c. ☐ Apprehensive expectation, or
 - d. ☐ Vigilance and scanning
2. ☐ ☐ ☐ A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation.
3. ☐ ☐ ☐ Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week.
4. ☐ ☐ ☐ Recurrent obsessions or compulsions which are a source of marked distress.
5. ☐ ☐ ☐ Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress.
6. ☐ ☐ ☐ Other _____

F. 12.07 Somatoform Disorders

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☐ ☐ ☐ A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly.
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2. ☐ ☐ ☐ Persistent nonorganic disturbance of one of the following:
- a. ☐ Vision, or
 - b. ☐ Speech, or
 - c. ☐ Hearing, or
 - d. ☐ Use of a limb, or
 - e. ☐ Movement and its control (e.g., coordination disturbances, psychogenic seizures, akinesia, dyskinesia), or
 - f. ☐ Sensation (e.g., diminished or heightened)
3. ☐ ☐ ☐ Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury.
4. ☐ ☐ ☐ Other _____

G. 12.08 Personality Disorders

- ☐ No evidence of a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic category. (Some features appearing below may be present in the case but they are presumed to belong in another disorder and are rated in that category.)
- ☐ Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☐ ☐ ☐ Seclusiveness or autistic thinking
2. ☐ ☐ ☐ Pathologically inappropriate suspiciousness or hostility.
3. ☐ ☐ ☐ Oddities of thought, perception, speech and behavior.
4. ☐ ☐ ☐ Persistent disturbances of mood or affect.
5. ☐ ☐ ☐ Pathological dependence, passivity, or aggressivity.
6. ☐ ☐ ☐ Intense and unstable interpersonal relationships and impulsive and damaging behavior.
7. ☐ ☐ ☐ Other _____

H. 12.09 Substance Addiction Disorders: Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system

Present	-	Absent	-	Insufficient Evidence
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

If present, evaluate under one or more of the most closely applicable listings:

1. Listing 12.02 - Organic mental disorders*
2. Listing 12.04 - Affective disorders*
3. Listing 12.06 - Anxiety disorders*
4. Listing 12.08 - Personality disorders*
5. Listing 11.14 - Peripheral neuropathies*
6. Listing 5.05 - Liver damage*
7. Listing 5.04 - Gastritis*
8. Listing 5.08 - Pancreatitis
9. Listing 11.02 or 11.03 - Seizures*
10. Other _____

***NOTE:** Items 1, 2, 3, 4, 5, 6, 7, 8 and 9 correspond to Listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIIA, IIIC, IIIE, or IIIG of the form need to be checked. The first two block under the disorder heading in those subsections need not be checked.

IV. RATING OF IMPAIRMENT SEVERITY

A. "B" Criteria of the Listings

Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02-12.04 and 12.06-12.08 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s).

NOTE: Items 3 and 4 below are more than measures of frequency. Describe in part II of this form (Reviewer's Notes) the duration and effects of the deficiencies (item 3) or episodes (item 4). Please read carefully the instructions for the completion of this section.

Specify the listing(s) (i.e., 12.02 through 12.09) under which the items below are being rated _____.

FUNCTIONAL LIMITATION	DEGREE OF LIMITATION	
1. Restriction of Activities of Daily Living	None Slight Moderate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Insufficient Evidence <input type="checkbox"/>
	Marked* Extreme <input type="checkbox"/> <input type="checkbox"/>	

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FUNCTIONAL LIMITATION	DEGREE OF LIMITATION	
2. Difficulties in Maintaining Social Functioning	<div>None <input type="checkbox"/></div> <div>Slight <input type="checkbox"/></div> <div>Moderate <input type="checkbox"/></div> <div>Marked* <input type="checkbox"/></div> <div>Extreme <input type="checkbox"/></div>	Insufficient Evidence <input type="checkbox"/>
3. Deficiencies of Concentration, Persistence or Pace Resulting in Failure to Complete Tasks in a Timely Manner (in work settings or elsewhere)	<div>Never <input type="checkbox"/></div> <div>Seldom <input type="checkbox"/></div> <div>Often <input type="checkbox"/></div> <div>Frequent* <input type="checkbox"/></div> <div>Constant <input type="checkbox"/></div>	Insufficient Evidence <input type="checkbox"/>
4. Episodes of Deterioration or Decompensation in Work or Work-Like Settings Which Cause the Individual to Withdraw from that Situation or to experience Exacerbation of Signs (which may Include Deterioration of Adaptive Behaviors)	<div>Never <input type="checkbox"/></div> <div>Once or Twice <input type="checkbox"/></div> <div>Repeated* (three or more) <input type="checkbox"/></div> <div>Continual <input type="checkbox"/></div>	Insufficient Evidence <input type="checkbox"/>

B. Summary of Functional Limitation Rating for "B" Criteria

Indicate the number of the above functional limitations manifested at the degree of limitation that satisfies the listings. [] (The number in the box must be at least 2 to satisfy the requirements of paragraph B in Listings 12.02, 12.03, 12.04, and 12.06 and paragraph D in 12.05; and at least 3 to satisfy the requirements in paragraph B in Listings 12.07 and 12.08.)

***Degree of limitation that satisfies the Listings. Extreme, Constant and continual also satisfy that requirement.**

C. "C" Criteria of the Listings

1. If 12.03 Disorder (Schizophrenic, etc.) and in Full or Partial Remission

NOTE: Item b. below is more than a measure of frequency. Describe in part II of this form (Reviewer's Notes) the duration and effects of the episodes. Please read carefully the instructions for the completion of this section.

	Present	Absent	Insufficient Evidence	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medically documented history of one or more episodes of acute symptoms, signs and functional limitations which at the time met the requirements in A and B of 12.03, although these symptoms or signs are currently attenuated by medication or psychosocial support.
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated episodes of deterioration or decompensation in situations which cause the individual to withdraw from the situation or to experience exacerbation of signs or symptoms (which may include deterioration of adaptive behaviors).
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented current history of two or more years of inability to function outside of a highly supportive living situation.

(For the requirements in paragraph C of 12.03 to be satisfied, either a. and b. or a. and c. must be checked as present.)

2. If 12.06 Disorder (Anxiety Related)

Present	Absent	Insufficient Evidence	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Symptoms resulting in complete inability to function independently outside the area of one's home.

(If present is checked, the requirements in paragraph C of 12.06 are satisfied.)